



## 94TH GENERAL ASSEMBLY

### State of Illinois

2005 and 2006

HB0480

Introduced 1/27/2005, by Rep. John E. Bradley - Kevin Joyce

#### SYNOPSIS AS INTRODUCED:

New Act

Creates the Newborn Eye Pathology Act. Establishes the Newborn Eye Pathology Screening Task Force to advise the Department of Public Health on newborn eye pathology screening protocol. Provides that the Department, in consultation with representatives of the Newborn Eye Pathology Task Force, shall adopt the protocol developed by the American Academy of Pediatrics to optimally detect the presence of treatable causes of blindness in infants by 2 months of age. Provides that the Act shall not be construed to supersede the clinical judgment of the licensed health care provider or a parent or guardian of a newborn who objects to the examination on the grounds that the examination conflicts with his or her religious beliefs or practices.

LRB094 06314 LJB 36389 b

FISCAL NOTE ACT  
MAY APPLY

1 AN ACT concerning public health.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the  
5 Newborn Eye Pathology Screening Act.

6 Section 5. Policy and legislative findings.

7 (a) It is the policy of the State of Illinois to make every  
8 effort to detect pediatric congenital ocular abnormalities  
9 that lead to premature death, blindness, or vision impairment  
10 unless treated soon after birth.

11 (b) The General Assembly finds and declares the following:

12 (1) Treatable congenital ocular diseases occur  
13 frequently and require increased early detection efforts.

14 (2) Early detection significantly enhances the ability  
15 to prevent serious damage from congenital abnormalities of  
16 the eye which, left undetected and untreated, may result in  
17 blinding or life-threatening diseases, or both. Examples  
18 of such disorders include retinoblastoma, congenital  
19 cataracts, and persistent hyperplastic primary vitreous.  
20 Other congenital anomalies including colobomas, vascular  
21 retinal anomalies, and congenital retinal folds can be  
22 treated with patching the good eye to prevent dense  
23 amblyopia if detected early.

24 (3) Retinoblastoma is a childhood cancer arising in  
25 immature retinal cells inside the eye and accounts for  
26 approximately 13% of all cancers in infants. Most children  
27 are diagnosed before 2 1/2 years of age. When  
28 retinoblastoma affects both eyes, the average age of  
29 diagnosis is 12 months.

30 (4) Increased emphasis on optimal examination methods,  
31 such as dilation of the eye with eye drops, may facilitate  
32 detection of the abnormal disease process inside the eye of

1 the newborn. An abnormal screen will facilitate timely  
2 referral to an appropriately licensed health care provider  
3 acting within his or her scope of practice for diagnosis  
4 and to an ophthalmologist for treatment.

5 (5) Early detection and referral of an abnormal red  
6 reflex pupillary screen would allow early diagnosis of  
7 congenital cataract or retinoblastoma which, if recognized  
8 and treated as soon as possible after birth, could cause  
9 little long-term disability.

10 (6) Early diagnosis and intervention can reduce the  
11 number of visually impaired citizens and reduce the amount  
12 of public expenditures for health care, special education,  
13 and related services.

14 Section 10. Newborn Eye Pathology Screening Task Force.

15 (a) The Newborn Eye Pathology Screening Task Force is  
16 established to advise the Department of Public Health on the  
17 newborn eye pathology screening protocol.

18 (b) The Director of Public Health shall appoint members of  
19 the Task Force, including, but not limited to, the following:

20 (1) An ophthalmologist with a background in or  
21 knowledge of providing services to infants with  
22 retinoblastoma.

23 (2) A pediatric ophthalmologist who sees general  
24 pediatric patients and is a designee of the American  
25 Association for Pediatric Ophthalmology and Strabismus.

26 (3) An academic pediatrician with a background in or  
27 knowledge of infant eye pathology screening.

28 (4) A parent representing families with child  
29 blindness or other ocular abnormalities affecting vision.

30 (5) A community pediatrician with a background in or  
31 experience with the routine instillation of dilating eye  
32 drops as part of the red reflex screening.

33 (6) A nurse with a background in or knowledge of the  
34 current Department's program for instillation of eye drops  
35 to prevent conjunctivitis.

1           (7) A retinal specialist with research experience in  
2           detecting the signs of treatable congenital eye disease.

3           (8) An optometrist with a background in or experience  
4           with pupil dilation in infants and red reflex screening for  
5           intraocular pathology.

6           (c) The Task Force members shall serve without  
7           compensation, but shall be reimbursed for necessary travel  
8           expenses incurred in the performance of their duties.

9           Section 15. Protocol.

10          (a) The Department, in consultation with representatives  
11          of the Newborn Eye Pathology Task Force, shall adopt the  
12          protocol developed by the American Academy of Pediatrics to  
13          optimally detect the presence of treatable causes of blindness  
14          in infants by 2 months of age. If a protocol is not developed  
15          within 6 months of the effective date of this Act, the  
16          Department, in consultation with representatives of the  
17          Newborn Eye Pathology Task Force, shall establish a protocol to  
18          optimally detect the presence of treatable causes of blindness  
19          in infants by 2 months of age.

20          (b) If the American Academy of Pediatrics develops a  
21          protocol to optimally detect the presence of treatable causes  
22          of blindness by 2 months of age after the adoption of the  
23          protocol developed by the Department, the Department shall  
24          conform its protocol to the protocol adopted by the American  
25          Academy of Pediatrics.

26          (c) Any screening examination recommended pursuant to  
27          subsection (a) of this Section shall not be conducted on a  
28          newborn if a parent or guardian of the newborn objects to the  
29          examination on the grounds that the examination conflicts with  
30          the religious beliefs or practices of the parent or guardian.

31          (d) Nothing in this Section shall be construed to supersede  
32          the clinical judgment of the licensed health care provider.